

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005052

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. \_\_\_\_\_

Registrar's No. 70

STATE FILE NUMBER

VS 300  
Rev. 4/591003028260

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7 18 29866X10 39110031291-3131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH **FILED MAR 12 1963**

a. COUNTY

Atchison

b. CITY (If outside corporate limits, give TOWNSHIP only)

Polk Twp

c. FULL NAME OF (If NOT in hospital, give location)

none

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Nebraska

b. COUNTY

Douglas

c. CITY OR TOWN

Omaha

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1021 North 33 Street

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

CarlFredrickGregg, Jr.

4. DATE OF DEATH

Month

Day

Year

331963

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-9-1943

9. AGE (last birthday)

19

IF UNDER 1 YEAR

Months 5Days 24

IF UNDER 24 HR

Hours 5 Min. 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

Auto Body Shop

11. BIRTHPLACE (City and state or country)

Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Carl F. Gregg, Sr.

13b. MOTHER'S MAIDEN NAME

Mrs. Ruth O'Neil

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ruth Gregg 1021 No. 33 St. Omaha

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACCIDENTAL PLANE CRASH (BURNED)

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b), \_\_\_\_\_

DUE TO (c), \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

7:30

p.m.

3-3-6320d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

3 mi E. OF WATSON

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

AtchisonMo.

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_ Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

D. Gallup CorrierRock Port Mo3-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-5-1963

23c. NAME OF CEMETERY OR CREMATORY

Holy Sepulcher

23d. LOCATION (City, town, or county)

Omaha, Nebraska

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bartholomew Mortuary, Rock Port.Mar 9, 1963Harwin N. Schuler

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAR 19 1963

MAR 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by This body was not embalmed Student Embalmer No. \_\_\_\_\_  
Charles  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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E-12